



PHOTO BY DAN DONEHEY

Dr. Catherine Buhler (left) discusses a breast ultrasound with Brianne Utt, RDMS, ultrasound supervisor. Breast ultrasounds help rule out cancer if a patient requires additional testing.

Yearly Mammograms for Women 40+ Save Lives, According to the Gold Standard of Research

Multiple large, randomized, prospective studies – considered the gold standard of research – show that annual mammograms starting at age 40 save women's lives. The American Congress of Obstetricians and Gynecologists, the American Cancer Society, and other medical groups agree with these recommendations. Most insurers and even the Affordable Care Act mandate coverage of yearly mammograms starting at age 40.

Yet women may be delaying their mammograms due to conflicting recommendations they are hearing in the news, according to breast imaging specialists with Radiologic Associates of Fredericksburg (RAF). The doctors are concerned about the potential impact on women's health and the possibility that insurers may use confusion over mammogram guidelines to limit coverage, and thus limit access, for patients.

Catherine D. Buhler, MD, a board-certified, fellowship-trained breast imaging specialist with RAF who works at the Imaging Center for Women in Fredericksburg, said she is fielding more questions from patients and friends about when to start having mammograms and how often to have them. Friends are even posting questions on her Facebook page.

Some are reading articles quoting the U.S. Preventive Services Task Force, an advisory group to Congress. In 2009, the task force recommended that most women delay mammograms until age 50 and have them every other year versus annually. In a recent column for *The Wall Street Journal*, Daniel B. Kopans, MD, a professor of radiology at Harvard Medical School, said that the task force's own computer models indicated that as many as 100,000 women could die from breast cancer if they waited until age 50 to start

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Leg Pain When Walking Can be a Warning Sign Of an Arterial Disease

Older adults who experience leg cramping or heaviness when walking short distances may think it's a normal part of aging, but these symptoms can signal a serious medical condition called peripheral arterial disease, according to healthcare providers with Virginia Interventional & Vascular Associates (VIVA). VIVA is helping raise awareness in the Fredericksburg region about symptoms, treatments, and prevention as part of the national Love Your Limbs™ campaign.

Peripheral arterial disease (PAD) causes blockages in the legs or arms. If untreated, it significantly increases the risk for heart attacks, strokes, and amputations.

"Adults of all ages should contact their physicians if they experience symptoms of PAD, but people who smoke, those with diabetes, and anyone over 50 years old should pay particular attention," said R. Donald Doherty, Jr., MD, a board certified and fellowship trained interventional radiologist with VIVA. "It is important to start treating PAD before it



VIVA Vascular Technologist Stephanie Nichols checks a patient during a follow-up visit.

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progresses to an even more dangerous condition, called critical limb ischemia.”

Information on PAD is available on VIVA’s Website, at www.vivassociates.com/services/peripheral-arterial-disease/. The national campaign is sponsored by Bard Peripheral Vascular. VIVA professionals have been visiting local doctors’ offices to provide campaign materials for improved patient education.

PAD Symptoms Can Include:

- Burning or aching in feet or toes while resting
- Painful leg cramping, especially while walking
- Numbness, weakness, or heaviness in the limbs
- A patch of skin on legs or feet that is cool to the touch
- Sores on feet in diabetics
- Loss of hair on legs or feet
- Chronic leg or arm sores that do not heal

Treatments

Painless tests for diagnosing PAD include the ankle-brachial index (ABI) and CT scans. Physicians may also use MR angiograms or catheter angiograms.

“Treatments vary depending upon the patient’s condition,” said Dr. Doherty. “Front-line treatments include surgical bypass, angioplasty and stenting, but we also have newer procedures that are minimally invasive, including laser atherectomy, and rotational atherectomy.”

Prevention

- Stop smoking, the #1 risk factor for PAD
- Control diabetes
- Manage high blood pressure
- Maintain a healthy weight
- Improve diet
- Get cardiovascular exercise
- Care for your feet

About VIVA

VIVA is the interventional radiology and vascular surgery practice of Radiologic Associates of Fredericksburg. For more information, visit www.vivassociates.com or call (540) 654-9118. ■

Radiologist Spotlight: Christopher M. Meyer, MD

A native of Richmond, VA, Dr. Christopher M. Meyer, a board-certified diagnostic radiologist at Radiologic Associates of Fredericksburg (RAF), hadn’t planned on being a doctor. At Lafayette College in Easton, Pennsylvania, he majored in business. “It wasn’t until after I graduated from college that I realized that I wanted to go into medicine. Unfortunately, I filled my undergraduate science requirements with geology. While rocks are interesting, they don’t help you get into medical school. So to fill my science requirements to apply to medical schools, I went to Miami-Dade Community College during the day and waited tables at night to pay the bills.”

Three years after graduating from college, Dr. Meyer was accepted into Medical College of Virginia (now Virginia Commonwealth University School of Medicine). “The first two years after college I lived in Miami while the last year before being accepted into medical school, I lived in Beaver Creek, Colorado. That time allowed me to grow as a person and realize what I wanted to do with my life.”

Once in medical school, Dr. Meyer was on his way to a fulfilling medical career but initially uncertain about his preferred medical specialty. “While I was in my third year in medical school, I still hadn’t decided on a specialty. I was considering either primary care or gastroenterology. Radiology was never even a consideration, until a two week rotation at the end of my third year. The very first day on the elective, I knew this is what I wanted to do. It just clicked with me.”

After receiving his medical degree from MCV in 1998, Dr. Meyer completed his internship and radiology residency training at Emory University in Atlanta, with a fellowship in body imaging. He joined RAF in 2004, bringing to the group expertise in body imaging, virtual colonoscopy and radiation safety.

“RAF has a unique, patient-centric ideology,” he said. “And exceptional physicians. It’s a great place to work.”

Today, Dr. Meyer serves in two key roles with RAF. He is chairman of the department of radiology at Mary Washington Hospital, a position that he has held for more than six years, and also is physician coordinator of the Image Gently Campaign. An initiative of the Alliance

for Radiation Safety in Pediatric Imaging, Image Gently is designed to increase awareness of opportunities to lower radiation dose when imaging children. “We now have a structured and automated formula for proportioning the radiation dose for our young patients,” Dr. Meyer said. “These protocols are similar to those used at leading children’s hospitals.”

He is also a member of RAF’s virtual colonoscopy team. The procedure provides patients and referring clinicians with a minimally invasive screening tool for detecting early colorectal cancer and polyps.

Dr. Meyer is married to Dr. Leslie Meyer, an obstetrician-gynecologist at Rappahannock Women’s Health Center, P.C. The two met at MCV and graduated in the same class. They married in 2000 and have three children: Jessica, 11; Joseph, 9; and Allison, 6.

In his recreational time, Dr. Meyer enjoys fishing and crabbing on the Chesapeake Bay, along with growing vegetables in his home garden. ■



Dr. Christopher Meyer and his family.

mammograms. Dr. Buhler noted that physicians who actually care for women with breast cancer were not even represented on the task force.

“People need to know that women in their 40s do get cancer, and that some of these cancers can be aggressive. They also need to know that the gold standard of research shows that mammography works,” Dr. Buhler said.

Large, randomized, prospective studies have found that breast cancer deaths dropped for the first time in 50 years after regular mammography screening programs started in the 1980s. Research also shows that 71% of women who die from breast cancer are those who have not had yearly mammograms starting at age 40, Dr. Buhler explained. That study, by Harvard University researchers, was published in the journal *Cancer* in September 2013.

Benefits outweigh anxieties

Compared with the benefits of breast cancer screening, Dr. Buhler felt the task force’s concerns about emotional “harms” to patients who are called back for more testing after an inconclusive mammogram were overemphasized. Most of the estimated 10% of patients who are called back require only an additional mammogram and ultrasound. An estimated 1–2% of patients will require a needle biopsy to examine a suspicious finding, according to the American College of Radiology (ACR). A study published earlier this year in the *Journal of the American Medical Association* found that short-term anxiety is real for many patients but diminishes quickly and has no measurable effects on health.

“We know that call-backs cause scares, and we are sensitive to this,” Dr. Buhler said. “The Imaging Center for Women offers same-day mammogram results for women who request it when they make their appointments. When women do have call-backs, we see them as soon as possible to minimize their anxiety, and always have a radiologist, specializing in women’s imaging



PHOTO BY DAN DONEHEY

Dr. Buhler is one of 10 women’s imaging specialists with RAF who serve patients at the Imaging Center for Women.

needs, discuss the findings directly with the patient during the visit. Short-term anxiety is certainly preferable to the possibility of delaying a breast cancer diagnosis.”

A few recent studies have added to the mammogram guidelines controversy. Dr. Buhler criticized a paper published in the *New England Journal of Medicine* that concluded mammograms were leading to overdiagnosis and having only a minimal effect on breast cancer death rates. The findings were based on flawed data and assumptions, according to the ACR and Society of Breast Imaging (SBI) in a statement issued in November 2012. Another study earlier this year from Canada implied that physical exams were more effective than mammograms in reducing death rates. The study’s methods and data analysis have been criticized by groups including ACR and SBI and even the World Health Organization.

A mammogram can detect a non palpable 5 millimeter mass, smaller than the size of a pea. Mammograms can also detect cancers that are deeper in the breast, Dr. Buhler noted. “Why would you recommend that a woman wait until a cancer is palpable, when the mass is larger and possibly more advanced? The smaller the cancer, the better a patient’s treatment options and survival.”

At the other end of the spectrum, older women sometimes ask how old they should be when they stop getting regular mammograms. Dr. Buhler feels that the age 75 cutoff in the task force recommendations is too restrictive.

“I have had patients 90 years old and one treated for breast cancer at 87,” Dr. Buhler said. “It is not up to us to decide who deserves treatment. Our job is to diagnose cancer and let the patient and her doctor decide about treatment.” ■

Dr. Buhler is one of 10 breast imaging specialists at RAF who regularly interpret mammograms and care for patients at the Imaging Center for Women in Fredericksburg, designated by the American College of Radiology as a Women’s Imaging Center of Excellence. RAF physicians were trained at some of the most prestigious radiology programs in the country including Mallinckrodt, Johns Hopkins, Duke, Stanford, University of Virginia, Memorial Sloan-Kettering and M.D. Anderson Cancer Centers, among others.



The Imaging Center for Women

PHOTO BY DAN DONEHEY

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Ed Swager, Chief Executive Officer

Radiologic Associates of Fredericksburg (RAF) is the largest provider of medical imaging services in the Fredericksburg, Stafford and Spotsylvania area. RAF's interventional radiology and vascular services group, Virginia Interventional & Vascular Associates (VIVA), performs minimally invasive procedures, vascular lab studies and vascular surgery.

RAF publishes *Imaging Advances* periodically for referring physicians and the greater medical community. For more information, please contact Irene Valentino, RAF Director of Administrative Operations, ivalentino@rafadmin.com, (540) 361-1000.

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